

# Tailored Care Management Technical Support Education Series

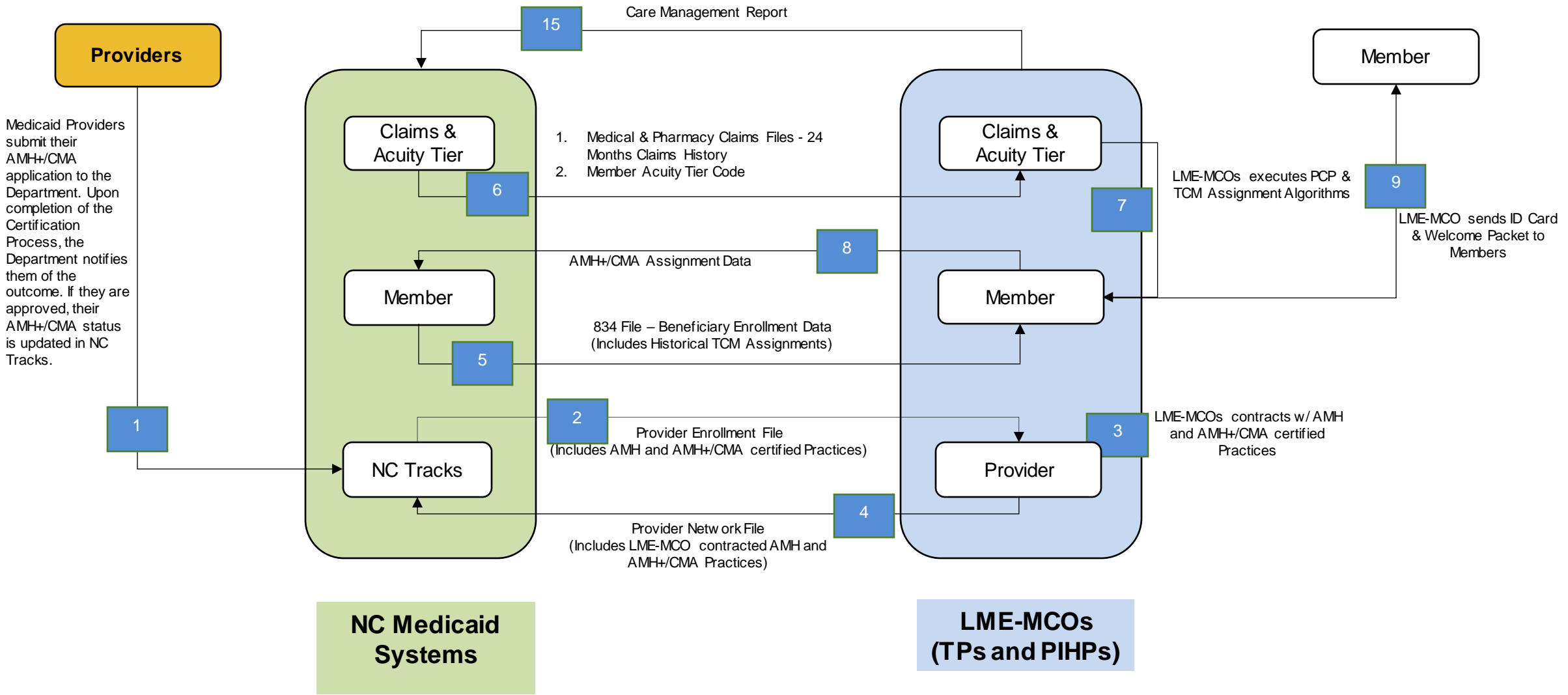
*Session 2: May 10<sup>th</sup>, 2024*

# Agenda

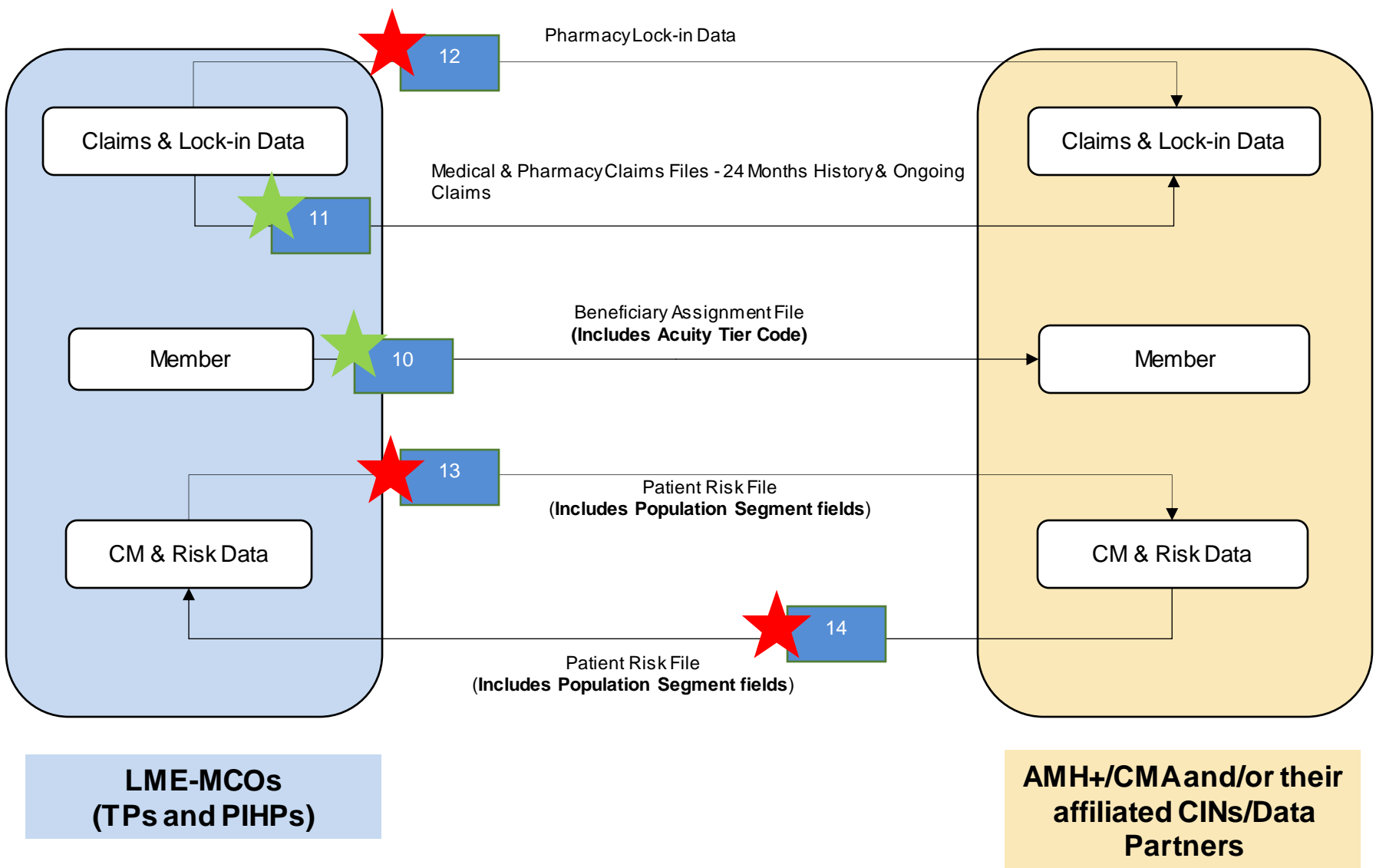
- Session 1 Recap
- Patient Risk Files Data Specifications Review
- Pharmacy Lock-in File Data Specifications Review

## **Session 1 Recap**

# High-Level Care Management Data Flow



# High-Level Care Management Data Flow (2/2)



- ★ Data Specifications reviewed in Session I
- ★ Data Specifications will be reviewed today

# Consolidated TCM Data Interfaces Deployment

TCM Data Interface	Frequency	First Consolidated Interface Deployment Date
Beneficiary Assignment File	Weekly full file End of month full file	June 9 <sup>th</sup> , 2024
Pharmacy Lock-in	Weekly full file	June 16 <sup>th</sup> , 2024
Medical Professional Claims (header and line file)	At least monthly incremental	June 16 <sup>th</sup> , 2024
Medical Institutional Claims (header and line file)	At least monthly incremental	June 16 <sup>th</sup> , 2024
Pharmacy Claims (header and line file)	At least monthly incremental	June 16 <sup>th</sup> , 2024
Dental Claims (header and line file)	At least monthly incremental	June 16 <sup>th</sup> , 2024
Outbound Patient Risk List (LME-MCO to TCM Provider)	Full file 26 <sup>th</sup> of each month	July 26 <sup>th</sup> , 2024
Inbound Patient Risk List (TCM Provider to LME-MCO)	Full file 7 <sup>th</sup> of each month	September 7 <sup>th</sup> , 2024

## **Patient Risk List (LME-MCOs to AMH+/CMAs): Data Specifications**

*The Patient Risk File (PRL) is a member level interface between LME-MCOs and AMH+s/CMAs and/or their affiliated CINs/Data Partners. The PRL allows the LME-MCOs to share if a member has High/Medium/Low needs as well as a member's population segment to help with stratification. The PRL also has a "risk evidence" free text field where LME-MCOs can share other information (i.e., member has multiple ED visits etc.).*

### **File Scope:**

- Current and future enrolled TP and PIHP members assigned to AMH+ practices, CMAs and/or their affiliated CINs/Data Partners as on the 26<sup>th</sup> of the month.
- Should align with beneficiary assignment file.

### **File Source & Target:**

- Source: LME-MCOs
- Target: AMH+ practices/CMAs and/or their affiliated CINs/Data Partners

### **File Delivery Frequency:**

- Full: at least monthly on 26<sup>th</sup> of each month between 8:00 PM and 11:59 PM

### **File Layout:**

Flat file layout for sharing Patient List/Risk Score data.

### **File Type:**

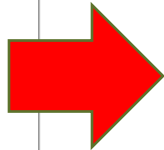
Pipe Delimited Double Quote  
Qualified file  
|"ABCD"|"2019-12-01"|".....

### **File Link:**

Please see Data Specifications & Requirements for sharing Patient Risk List Data to Support Tailored Care Management guidance document on the NC Medicaid website - [Link](#)



File Layout & Definitions			Source = Tailored Plan		Source = AMH+ practices, CMAs and/or their affiliated		
CNDS ID	50	Medicaid ID	M	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly	
Maintenance Type Code	3	'001' is sent if there is a change or an update to an existing patient record '021' is sent for new patients '000' is sent if existing record with no change	M	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly	
Population Segment	18	Aligns with a member's Population Segment as defined by the LME/MCO's Tailored Care Management (TCM) Auto Assignment (AA) Algorithm. <b>Valid Values:</b> TBI Waiver Innovations Waiver MH/SUD Child I/DD TBI Services Co-Occurring Adult Co-Occurring Child MH/SUD Adult	M	Please refer to the definition column and populate accordingly	O	Populate with data received from PHPs	
Population Segment Effective Date	8	Date in which the member's Population Segment is applied. This should be equal to or after the TCM Begin Date. YYYYMMDD	M	Please refer to the definition column and populate accordingly	O	Populate with data received from PHPs	
Priority Population 1	3	The priority care management population that the member falls into based on Plan or DHHS stratification. <b>Valid Values:</b> 000 = Null 001 = CMARC 002 = CMHRP 003 = LTSS 004 = Unmet Resources 005 = Adults and Children with Special Health Care Needs 006 = Rising Risk 007 = Other Priority Population 008 = Transitioning Member 009 = InCK SIL 1 010 = InCK SIL 2 011 = InCK SIL 3 012 = NICU Referral 013 = Healthy Opportunities Pilot 014 = Foster Care 015 = WIC Eligible but Not Enrolled 016 = SNAP Enrolled 017 = SNAP Eligible but Not	O	Please refer to the definition column and populate accordingly	O	Populate with data received from PHPs	



	File Layout & Definitions			Source = Tailored Plan	Source = AMH+ practices, CMAs and/or their affiliated		
PHP Risk Profile	PHP Risk Score Category	3	The risk level that the member falls into (high, medium, low) based on the Plan's risk algorithm. <b>Valid Values:</b> H = High; M = Medium; L = Low; N	O	Please refer to the definition column and populate accordingly	O	Populate with data received from PHPs
	PHP Risk Evidence	255	Additional information describing member risk that the Plan wishes to share (i.e. sickle cell, high ED utilization,	O	Please refer to the definition column and populate accordingly	O	Populate with data received from PHPs
CM Entity Risk Profile & Interactions	CM Entity Risk Score Category	3	The risk level that the member falls into (high, medium, low) based on the AMH's or Tailored Care Management Provider risk algorithm. <b>Valid Values:</b> H = High; M = Medium; L = Low; N = Null	O	If populating then populate with data received from AMH Tier 3/AMH+ practices, CMAs or their affiliated Clinically Integrated Networks (CINs)	O	Please refer to the definition column and populate accordingly
	Assigned CM Entity	80	Assigned Entity performing CM services. This should match with the NPI in the State Provider System (NC Tracks).	O	Care Management Entity NPI	M	Please refer to the definition column and populate accordingly
	Number of CM Interactions	10	Total number of beneficiary CM interactions completed in the reporting month	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	Number of Face to Face Encounter	10	Total number of face to face beneficiary interactions completed in the reporting	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	Date Comprehensive Assessment Completed	8	The date that a Comprehensive Assessment was completed for a beneficiary YYYYMMDD	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	Care Plan Created (Y/N)	1	Identifies if a Care Plan has or has not yet been created	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	Date Care Plan Created	8	The date that a Care Plan was created for a beneficiary YYYYMMDD	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	Date Care Plan Updated	8	The date that a Care Plan was most recently updated for a beneficiary	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	Date Care Plan Closed	8	The date that a Care Management episode was closed for a beneficiary. This should align with end-dating a care plan.	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly

**Patient Risk List  
Population Segment**

# Field Definitions + Valid Values

Data Element	Field Definition	Max Field Length	Valid Values
Population Segment	Aligns with a member's Population Segment as defined by the LME/MCO's Tailored Care Management (TCM) Auto Assignment (AA) Algorithm.	18	TBI Waiver Innovations Waiver MH/SUD Child I/DD TBI Services Co-Occurring Adult Co-Occurring Child MH/SUD Adult
Population Segment Effective Date	Date in which the member's Population Segment is applied. This should be equal to or after the TCM Begin Date.	8	YYYYMMDD

# Scenarios

CNDS ID	Population Segment	File Transmission Date	Pop Segment Start Date	TCM Provider	Outcome
0123456789	MH/SUD Adult	12/26/2023	12/1/2023	TCM Provider 1	MH/SUD Adult Pop Segment sent to TCM Provider

**Scenario 1:** Member's health needs changes, thus member population segment has changed.

0123456789	I/DD	1/26/2024	2/1/2024	TCM Provider 1	I/DD population segment sent to TCM Providers. LME-MCO/TCM Provider derive prior population segment ended as of 1/31/2024. <b>TCM Provider does not request member reassignment.</b> No reassignment triggered.
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**Scenario 2:** Within the month of February, the member's population segment as defined by the LME-MCO's TCM AA Algorithm, changed multiple times due to change health condition. Pop segment changed from I/DD, to MH/SUD Adult, back to I/DD.

0123456789	I/DD	2/26/2024	3/1/2024	TCM Provider 1	Latest population segment information, I/DD, is sent to TCM Provider.
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**Scenario 3:** Member's population Segment changes to Co-occurring Adult, and provider is not certified for the Co-occurring Adult population segment.

0123456789	Co-occurring Adult	2/26/2024	3/1/2024	TCM Provider 1	Co-occurring Adult population segment is sent to TCM Provider 1. <b>TCM Provider cannot support this member and had requested a reassignment.</b>
0123456789	Co-occurring Adult	3/26/2024	3/1/2024	TCM Provider 2	Member is reassigned to TCM Provider 2 with a population segment effective date of 3/1/2024. <b>Population segment effective should align with the TCM Assignment Start date of the member.</b>

## **Patient Risk List (AMH+/CMAs to LME-MCOs): Data Specifications**

*The Patient Risk File is a member level interface between LME-MCOs and AMH+s/CMAs and/or their affiliated CINs/Data Partners. AMH+/CMAs will use the PRL to share information on the Care Management (CM) activity (i.e., CM interactions, Care Plan creation and updates dates etc. with the LME-MCOs.)*

### **File Scope:**

- Beneficiaries assigned to AMH+ practices, CMAs and/or their CINs/Data Partners
- Should align with beneficiaries LME-MCOs are sharing through beneficiary assignment file.
- Interaction reporting period should be for 2 months prior to file send date. Ex 10/7 PRL reports interaction data for August.

### **File Source & Target:**

- Source: AMH+ practices/CMAs and/or their affiliated CINs/Data Partners
- Target: LME-MCOs

### **File Delivery Frequency:**

- Full: Monthly full file sent on the 7<sup>th</sup> of each month between 8:00 PM and 11:59 PM

### **File Layout:**

Flat file layout for sharing Patient List/Risk Score data.

### **File Type:**

Pipe Delimited Double Quote Qualified file  
|"ABCD"|"2019-12-01"|".....

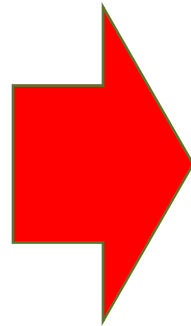
### **File Link:**

Please see Data Specifications & Requirements for sharing Patient Risk List Data to Support Tailored Care Management guidance document on the NC Medicaid website - [Link](#)

File Layout & Definitions				Source = Tailored Plan		Source = AMH+ practices, CMAs and/or their affiliated	
	Data Element	Maximum Length	Definition/Metadata	(M)andatory/(S)ituational/(O)ptional	Instructions/Guidance to Populate the data	(M)andatory/(S)ituational/(O)ptional	Instructions/Guidance to Populate the data
Header Information	PHP ID	4	NC Medicaid assigned PHP identifier	M	Please refer to the definition column and populate accordingly	M	This should be populated with the PHP ID who is the target for this file and all members included in this file should be assigned to that PHP. The ID should match with the PHP ID that AMH/AMH+/CMA/CIN receives from the PHP in their
	PHP Name	20	PHP Name	M	Please refer to the definition column and populate accordingly	M	This should be populated with the PHP name who is the target for this file. The Name should match with the PHP name that AMH/AMH+/CMA/CIN receives from the PHP in their Patient Risk File.
	Full vs Incremental	1	F= Full, I=Incremental	M	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	File Name	70	Please refer to the Data specifications document	M	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	File Type	1	D- Pipe Delimited, Double Quote Qualified CSV File	M	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	Version/Release	5	2.0	M	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	Create Date	8	YYYYMMDD	M	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	Create Time	10	HH:MM:SS	M	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	Number of Records	10	#####	M	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	CNDS ID	50	Medicaid ID	M	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	Maintenance Type Code	3	'001' is sent if there is a change or an update to an existing patient record '021' is sent for new patients '000' is sent if existing record with no change	M	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly

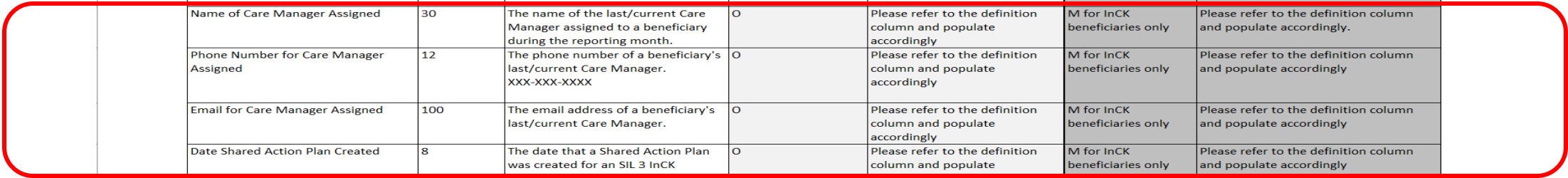


File Layout & Definitions			Source = Tailored Plan		Source = AMH+ practices, CMAs and/or their affiliated	
CM Entity Risk Score Category	3	The risk level that the member falls into (high, medium, low) based on the AMH's or Tailored Care Management Provider risk algorithm. <b>Valid Values:</b> H = High; M = Medium; L = Low; N = Null	O	If populating then populate with data received from AMH Tier 3/AMH+ practices, CMAs or their affiliated Clinically Integrated Networks (CINs)	O	Please refer to the definition column and populate accordingly
Assigned CM Entity	80	Assigned Entity performing CM services. This should match with the NPI in the State Provider System (NC Tracks).	O	Care Management Entity NPI	M	Please refer to the definition column and populate accordingly
Number of CM Interactions	10	Total number of beneficiary CM interactions completed in the reporting month	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
Number of Face to Face Encounter	10	Total number of face to face beneficiary interactions completed in the reporting month	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
Date Comprehensive Assessment Completed	8	The date that a Comprehensive Assessment was completed for a beneficiary YYYYMMDD	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
Care Plan Created (Y/N)	1	Identifies if a Care Plan has or has not yet been created	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
Date Care Plan Created	8	The date that a Care Plan was created for a beneficiary YYYYMMDD	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
Date Care Plan Updated	8	The date that a Care Plan was most recently updated for a beneficiary YYYYMMDD	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
Date Care Plan Closed	8	The date that a Care Management episode was closed for a beneficiary. This should align with end-dating a care plan. YYYYMMDD	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
Date Care Manager Assigned	8	The date that a beneficiary's last/current Care Manager was assigned. YYYYMMDD	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly.
Initial Care Manager Outreach Date	8	The date that a Care Manager first attempted outreach to a beneficiary. YYYYMMDD	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly.
Name of Care Manager Assigned	30	The name of the last/current Care Manager assigned to a beneficiary during the reporting month.	O	Please refer to the definition column and populate accordingly	M for InCK beneficiaries only	Please refer to the definition column and populate accordingly.
Phone Number for Care Manager Assigned	12	The phone number of a beneficiary's last/current Care Manager. XXX-XXX-XXXX	O	Please refer to the definition column and populate accordingly	M for InCK beneficiaries only	Please refer to the definition column and populate accordingly
Email for Care Manager Assigned	100	The email address of a beneficiary's last/current Care Manager.	O	Please refer to the definition column and populate accordingly	M for InCK beneficiaries only	Please refer to the definition column and populate accordingly
Date Shared Action Plan Created	8	The date that a Shared Action Plan was created for an SIL 3 InCK beneficiary. YYYYMMDD	O	Please refer to the definition column and populate accordingly	M for InCK beneficiaries only	Please refer to the definition column and populate accordingly
Assigned CM Entity Location Code	3	The location code of the AMH that performed the care management. Each AMH site has an NPI + location code. Only application to AMH Tier 3s and AMH+s. If populated then	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly



**CM Entity Risk Profile & Interactions**

**InCK Fields**



# **Consolidated Patient Risk List File Scenarios**

# Patient Risk List File

**Scenario 1:** A current member transitions from Medicaid Direct (MD) to Tailored Plan (TP). There is no change in member TCM Provider.

**Activity Date:** 6/19/2024

**PIHP Enrollment:** 12/1/2022 – 6/30/2024

**TP Enrollment:** 7/1/2024 – 12/31/9999

## Expected Outcome:

- LME-MCO 1 continues to send transitioning member to TCM Provider 1, CIN 1 until the 7/26/2024 Outbound PRL with PIHP enrollment. TCM Provider 1, CIN 1 send interaction data for the month of June on Inbound PRL sent 8/7/2024.
- Outbound PRLs sent 8/26/2024 onward will be utilized to capture interaction data on the Inbound PRL for the member with TP enrollment.

# Patient Risk List File cont.

**Scenario 2:** A current member transitions from Medicaid Direct (MD) to Tailored Plan (TP). There is a change in member's TCM Provider and/or affiliated CIN/Data Partner (different NPI & Location code).

**Activity Date:** 8/7/2024

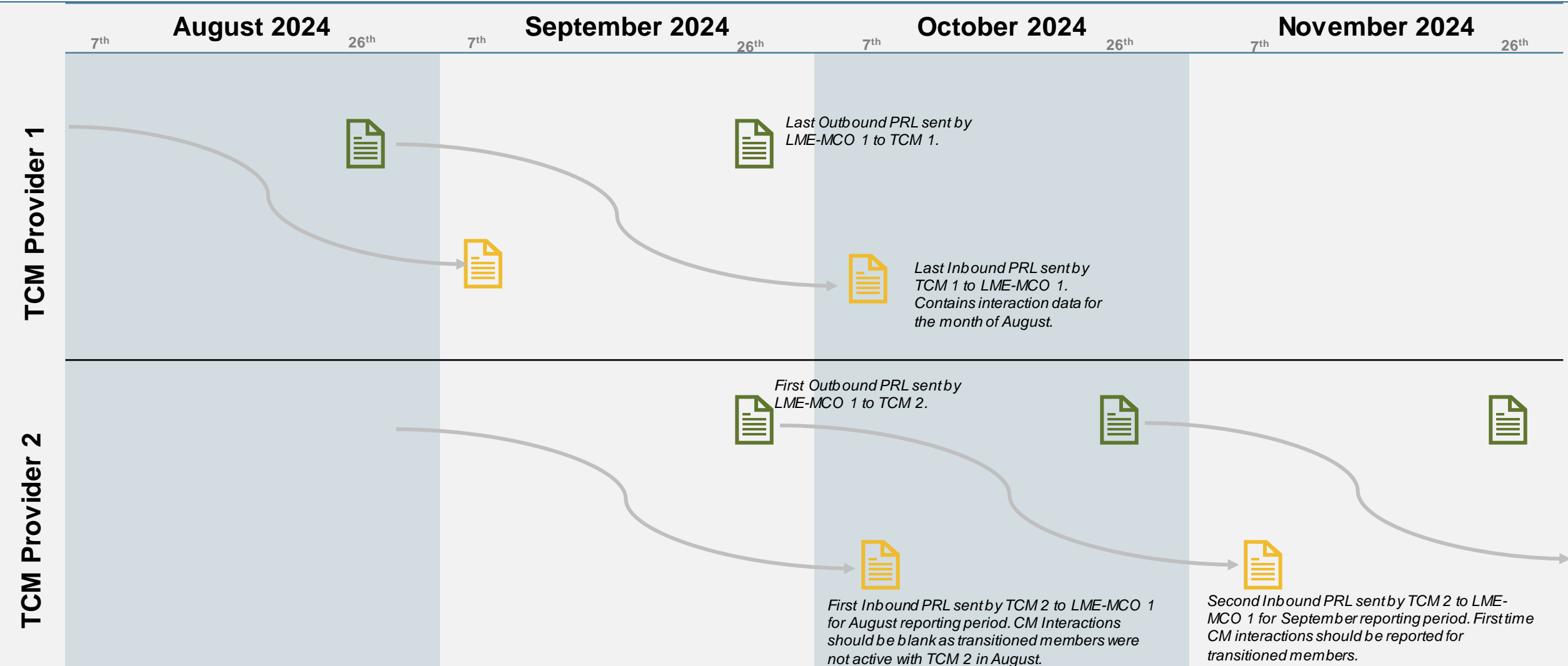
**TCM Provider 1 assignment:** 12/1/2022 – 8/31/2024

**TCM Provider 2 assignment:** 9/1/2024 – 12/31/9999

## Expected Outcome:

- LME-MCO 1 continues to send transitioning members to TCM Provider 1, CIN 1 until the 9/26/2024 Outbound PRL with PIHP enrollment. TCM Provider 1, CIN 1 send interaction data for the month of August on Inbound PRL sent 10/7/2024. TCM Provider 1, CIN 1 will no longer send Inbound PRLs to LME-MCO 1 for transitioning members.
- LME-MCO 1 sends first Outbound PRL with transitioning members to TCM Provider 2, CIN 2 on 9/26/2024 for August reporting period. As members are not active with TCM Provider 2 in August, **10/7/2024 Inbound PRL should not contain any interaction data for transitioning members.**
- LME-MCO 1 sends Outbound PRL to TCM Provider 2, CIN 2 on 10/26/2024 for September reporting period. 11/7/2024 Inbound PRL from TCM Provider 2, CIN 2 should contain September interaction data for transitioning members.

# Patient Risk List File Scenario 2 cont.



Note: 2-month lag in inbound PRL interactions reporting is to ensure interactions done between the 26h and end of month are captured accurately

**Legend:**

- Outbound PRL (LME-MCO to TCM Provider). Sent 26<sup>th</sup> of the month
- Inbound PRL (TCM Provider to LME-MCO). Sent 7<sup>th</sup> of the month
- Reporting period for interactions captured on the Inbound PRL

## **Pharmacy Lock-in Data Specifications**

*The Pharmacy Lock-in file includes current Pharmacy Lock-in assignments for beneficiaries. NC Medicaid lock-in program limits identified patients for a 12-month period to 1 prescriber and 1 pharmacy for benzodiazepine, opiate, and certain anxiolytic prescriptions in order to prevent misuse and reduce overutilization. The files contains data including: member ID, lock-in dates, lock-in type, NPI of provider or pharmacy.*

### **File Scope:**

- Current Pharmacy lock-in assignments for all beneficiaries (TP and PIHP)

### **File Source & Target:**

- Source: LME-MCOs
- Target: Contracted AMH+ practices/CMAs and/or their affiliated CINs/Data Partners

### **File Delivery Frequency:**

- Weekly full files
- Weekly full files should be sent every Sunday between 8:00 PM and 11:59 PM

### **File Layout:**

The Department has developed a flat file layout for sharing Pharmacy lock-in data

### **File Type:**

Pipe Delimited Double Quote Qualified file  
|"ABCD"|"2019-12-01"|".....

### **File Link:**

Please see Data Specifications & Requirements for sharing Beneficiary Assignment and Pharmacy Lock-in Data to Support Tailored Care Management guidance document on the NC Medicaid website - [Link](#)

Field Name	Type	Max Length	Definition	Default	ATT.	Valid values
RECORD IDENTIFIER	A/N	2	Unique record type 00- Header Record	01	M	
PHPID	A	10	PHPID	NONE	M	
<b>Field Name</b>	<b>Type</b>	<b>Length</b>	<b>Definition</b>	<b>Default</b>	<b>ATT.</b>	<b>Valid values</b>
RECORD IDENTIFIER	A/N	2	Unique record type 01- Detail Record	01	M	
Card Holder ID	A/N	11	The ID number assigned to the cardholder	NONE	M	
Lock-in Type Code	A/N	3	Lock type code identifies if the recipient locked into Prescriber/ Pharmacy	NONE	M	PH1,PR1, PH2,PR2
NPI	A/N	10	Prescriber / Pharmacy NPI based on lock-in type code	NONE	M	
Effective Date*	N	10	The effective date of the lock-in period.(Transaction segment)	NONE	M	
Termination date*	N	10	Termination date of lock-in period. (Transaction segment)	NONE	M	
Lock-in status code	A	1	Lock-in status code	NONE	M	A (active) / I Inactive (I) /C (Change)
Lock-in Start Date*	A	10	Start of the lock-in period.	NONE	M	
Lock-in End Date*	A	10	End of the lock-in period.	NONE	M	
Filler	A	13	Future Usage	Spaces	O	
<b>Field Name</b>	<b>Type</b>	<b>Length</b>	<b>Definition</b>	<b>Default</b>	<b>ATT.</b>	<b>Valid values</b>
RECORD IDENTIFIER	A/N	2	Unique record type 99- Trailer Record	99	M	
RECORD COUNT	N	8	Count of detail records submitted. This count excludes the trailer record.	NONE	M	



- If AMH+ practices/CMAs and/or their affiliated CINs/Data Partners experience issues with the TCM Data Interfaces, please provide your respective LME-MCOs examples of the issues you are experiencing via secure email.
- AMH+ practices/CMAs and/or their affiliated CINs/Data Partners can also contact the Provider Ombudsman to log issues in the Department's Help Center/Tech Ops systems, our production ticket management systems.
  - Email the Provider Ombudsman at: [medicaid.providerombudsman@dhhs.nc.gov](mailto:medicaid.providerombudsman@dhhs.nc.gov)
- Please copy the Department on any issues reported for awareness and tracking purposes.
  - TCM Data Interfaces Support email: [Medicaid.NCMT.TCM.Interfaces.ProdSupport@dhhs.nc.gov](mailto:Medicaid.NCMT.TCM.Interfaces.ProdSupport@dhhs.nc.gov)

## Questions